



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

COMMON PAYMASTER APPLICATION

LIA4338X

ID _____

REPORTING CORPORATION Name, Address & Mo. Emp. Acct. No.	RELATED CORPORATION Name, Address & Mo. Emp. Acct. No.	RELATED CORPORATION Name, Address & Mo. Emp. Acct. No.						
LIST CORPORATE OFFICERS	LIST CORPORATE OFFICERS	LIST CORPORATE OFFICERS						
LIST BOARD OF DIRECTORS	LIST BOARD OF DIRECTORS	LIST BOARD OF DIRECTORS						
LIST ALL MO. BUSINESS LOCATIONS	LIST ALL MO. BUSINESS LOCATIONS	LIST ALL MO. BUSINESS LOCATIONS						
(Attach additional copies if necessary)	TOTAL NO. OF WORKERS IN MO.	TOTAL NO. OF WORKERS IN MO.						
	TOTAL NO. OF *CONCURRENT EMPLOYED WORKERS IN MO.	TOTAL NO. OF *CONCURRENT EMPLOYED WORKERS IN MO.						
Indicate date common paymaster started	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>				Month	Day	Year	*Concurrent employed is where an individual works for two or more related corporations in a calendar quarter.
Month	Day	Year						
Indicate below which definition of "related" corporation applies and provide required information, in accordance with Section 288.090 of Missouri Employment Security Laws.								
A. Parent corporation owns _____ % of total voting stock of all participating corporations.								
B. Five (5) or less persons, estates or trust own 50% or more of the total combined voting power or value of shares in all participating corporations. <input type="checkbox"/> Yes <input type="checkbox"/> No								
I certify that the information supplied on this form is true and correct to the best of my knowledge and understanding.								
<hr/> <div>Signature</div>		<hr/> <div>Title</div>						
<hr/> <div>Date</div>		<div>()</div> <hr/> <div>Telephone Number</div>						